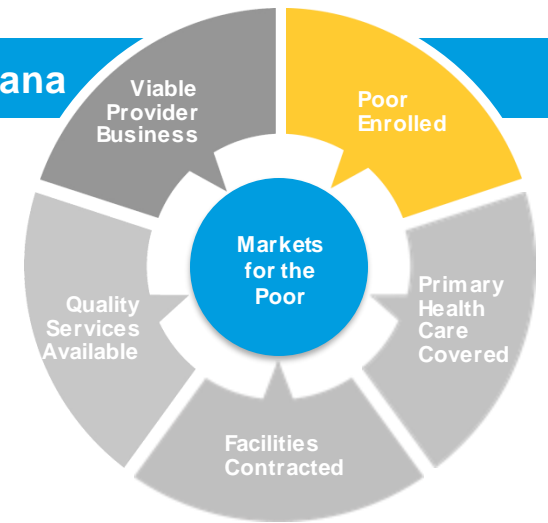


Identifying poor households for social protection schemes presents numerous technical, social, political, and financial challenges. In Ghana, AHME collaborated with government institutions and partners in using an innovative approach to implement the Common Targeting Mechanism and select exempted poor beneficiaries for free registration into the National Health Insurance Scheme.



This snapshot describes strategies used by AHME to facilitate acceptance and a degree of institutionalisation of the Proxy Means Testing (PMT) tool.



Intervention

Ghana’s National Health Insurance Agency (NHIA) initially had no formal system for identifying exempted indigents into the National Health Insurance Scheme (NHIS). The de facto approach was an informal community-based selection process, which was open to interpretation.

In 2012, the Minister of Gender, Children and Social Protection (MoGCSP), together with its partners, agreed on the Common Targeting Mechanism (CTM), which introduced the Proxy Means Test (PMT) as an objective means of identifying beneficiaries of social protection interventions. But as the PMT was paper based, the data validation required returning to the field, often months later, which was costly and presented difficulties retracing surveyed households in places with no addresses.

Under AHME, the IFC/World Bank Group Health in Africa (HiA) Initiative team introduced technology to increase usability and transparency by digitising the PMT tool onto a tablet device, linked to a secure cloud-based web service to give results in near real time. AHME modified the beneficiary identification methodology by using a household enumeration agency to systematically go door to door to identify eligible beneficiaries. The handheld tablet were fitted with mini-thermal printer. Households who qualified for NHIA exemption were instantly given paper receipts to register with NHIA for free.

Getting government consent to use the tool was initially a challenge. To address this the HiA (i) negotiated and transferred the management of the proposed conceptual change in process to the MoGCSP and the NHIA. This included all equipment to be used. (ii) A Project Advisory Group and a National Operations Team were set up both chaired by the NHIA and the MoGCSP. These operated as actual decision making bodies with only project compliance guidance from the AHME Country Leads. (iii) A live and interactive DASHBOARD with feed from the web-based operations portal were mounted in the Minister for MoGCSP and the Chief Executive Officer of NHIA’s offices to provide them with real time monitoring. (iv) A WhatsApp group was established on which all field enumerator and community mobilisation activities were communicated. Both the Minister and CEO led and participated. This approach allowed for high transparency and visibility on activities on the field. It also ensured that government was in control. This promoted mainstreaming and institutionalisation of the process. Getting local political and civil society leaders buy in was critical to success. Community mobilisation was led by the NHIA and took into consideration deep sensitivities regarding issues of privacy and social stigma, government intrusion and politicisation of the project. Large community gatherings (*durbars*) were held featuring traditional leaders, District Heads, Members of Parliament, District Assembly Members, civil society leaders, and other dignitaries. Enumerators were carefully branded to represent and work under the supervision of the NHIA, not AHME.

Identifying poor households for social protection schemes presents numerous technical, social, political, and financial challenges. In Ghana, AHME collaborated with government institutions and partners to implement an innovative house-to-house process using a Common Targeting Mechanism to identify and select exempted poor beneficiaries for free registration into the National Health Insurance Scheme.



Result

Digitisation of the PMT and deployment through household enumeration has been successful with 109,282 households surveyed from Mar 16 – Sep 16, with 25,918 (24%) identified as exempt from NHIA registration charges and issued with paper receipts.

Independent validation of results and an analysis of cost effectiveness is currently underway.



Lessons Learned

Attempting to change public sector process that have become an inefficient and yet embedded process is naturally difficult. It required patience and systematic engagement and in this case took half of the two-thirds of the lifetime of the project to gain consensus. The main lesson here is that one cannot hurry to process of shifting norms and gaining acceptability to introduce changed.

The systematic engagement of governments by private sector oriented partners is an effective way of assuring governments that private sector innovative approaches to solving public sector challenges can yield positive results. However, the high-level buy-in from ministers and chief executives needs to be complemented with a equal effort at gaining local level political and community ownership of the proposed solutions.



Community engagement is essential prior to innovation adoption



Outlook

All data collected under AHME will be transferred to the Ghana National Household Registry (GNHR), ensuring effective and efficient targeting for more than one social protection intervention simultaneously.